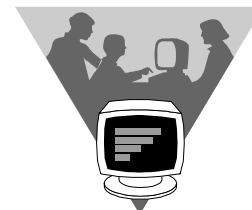




OSTEOPATHIC MEDICAL BOARD OF CALIFORNIA  
 2720 GATEWAY OAKS DRIVE, SUITE 350  
 SACRAMENTO, CA 95833-4304  
 TELEPHONE: (916) 263-3100  
 FAX (916) 263-3117



## ADDRESS CHANGE NOTIFICATION FORM

California Code of Regulations, Title 16, Division 16, Article 1, Section 1604. Filing of Addresses by Licensees: requires all licensees to immediately report all changes of address. Please complete this form to report your address changes.

<b>Old Public Address</b>  Name _____  Facility Name (if any) _____  Street Address _____  City _____ State _____ Zip _____  (Telephone Number – Optional) _____	<b>New Public Address</b>  Name _____  Facility Name (if any) _____  Street Address _____  City _____ State _____ Zip _____  (Telephone Number – Optional) _____
<b>Old Mailing Address</b> <i>(confidential – for Board use only)</i>  Name _____  Facility Name (if any) _____  Street Address _____  City _____ State _____ Zip _____  Telephone Number <i>(confidential- for Board use only)</i> _____  Fax Number _____	<b>New Mailing Address</b> <i>(confidential – for Board use only)</i>  Name _____  Facility Name (if any) _____  Street Address _____  City _____ State _____ Zip _____  Telephone Number <i>(confidential for Board use only)</i> _____  Fax Number _____  E-mail address _____

\_\_\_\_\_  
 Signature of Physician

\_\_\_\_\_  
 Date